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DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

	That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COIN PROCESSING DEVICE the specification of which (check one)									
	团	is attached	hereto.							
	, 🗖	was filed (if applica		Application, Serial	No and	l was amend	led on	-		
	That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.									
That I acknowledge the duty to disclose information known to be material to patentability of this are in accordance with Title 37, Code of Federal Regulations §1.56(a). That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of an application(s) for patent or inventor's certificate listed below and have also identified below any foreign are for patent or inventor's certificate on this invention having a filing date before that of the application priority is claimed:							of this application	n		
							foreign application	n		
page nosi	Prior Foreign Application(s)					•	Claimed			
and the second	341921/2	000	Japan	9/11/	'2000	⊠ Yes	□ No			
End then then the	(Number)		(Country)	(Day/Mo	nth/Year Filed)					
:					•					
. ,						Yes	No			
	(Number)		(Country)	(Day/Mo	nth/Year Filed)					
	That I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							or I a)		
	United State	s Application(s)							
	(Application	Serial No.)	(Filing	Date)	(Status)-(P	atented, per	ding, abandoned))		
	(Application	Serial No.)	(Filing	; Date)	(Status)-(P	atented, per	iding, abandoned))		

Citizenship:

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to: WELSH & KATZ, LTD., 120 South Riverside Plaza, 22nd Floor, Chicago, Illinois 60606-3913, Telephone No.: (312) 655-1500:

Attorney

Donald L. Welsh

Registration No.

16,665

24,003 22,839 28,903 27,429 25,060 22,053 27,466 29,434 29,054 29,381 34,044 27,600					
I hereby authorize the U.S. attorney or agent named herein to accept and follow instructions from T. KIMURA PATENT OFFICE (Insert Foreign Associate) as to any action to be taken in the Pater and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, I will so not in the U.S. attorney or agent named herein.					
Mitsugu MIKAMI					
Mitsgn Mikami					
eptember 20, 2001					
awagoe-shi, Saitama, Japan Post Office Address: Post Kabushiki Kaisha Nippon Conlux, 2-2, Ichisaiwaicho 2-chome, Chiyoda-ku, Tokyo O0-0011 Japan					

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Full name of additional joint	Yoshikazu MORI				
inventor, if any:					
Inventor's signature:	yoshikazu Mori				
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Citizenship:	Japanese				
Full name of additional joint inventor, if any:					
Inventor's signature:					
Date:					
Residence and Post Office Address:					
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